



Employment Application for
OFFICE ASSISTANT IV –
DPW OPERATIONS DIVISION -
ENVIRONMENTAL SERVICES

RETURN APPLICATION TO:
Department of Employee Relations
City Hall, Room 706
200 E. Wells St.
Milwaukee, WI 53202-3554
414-286-3751
www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT- Please:

1. Print answers in black ink.
2. Answer all questions. Credit may not be given for incomplete information.
3. Date and sign page 2.
4. Staple together all pages of your application.
5. Keep a copy of completed application materials for your files.

Name (Last, First, Middle Initial) _____

Address _____

City, State, Zip Code _____

Day phone: (____) _____ - _____ Evening phone: (____) _____ - _____

Cell phone: (____) _____ - _____ Email Address: _____

List any other names by which you have been known on official records: _____

Do you currently live in the city of Milwaukee? ☐ Yes ☐ No

If yes, when did you become a resident? (month/year) _____

Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:

List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:

TYPE	NUMBER (if any)	TYPE	NUMBER (if any)

You must be PRESENTLY employed by the City of Milwaukee to apply for this position. Please list the following:

Position Title _____ Employee ID# _____

Department _____ From (month/yr) to (month/yr) _____

If you have ever been convicted of a felony or misdemeanor, or have felony or misdemeanor charges pending, list details below.

If you have NEVER been convicted of a felony or misdemeanor, and have no felony or misdemeanor charges pending, please write NO.

YOU MUST PROVIDE YOUR BIRTHDATE ON THE APPLICANT DATA SHEET OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the field below list your CHARGE, DATE, LOCATION, COURT and DISPOSITION OF CASE.

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Felony and misdemeanor convictions not reported on the application may be cause for rejection or discharge.

OPEN RECORDS/PUBLIC INFORMATION

The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.

If you do not wish us to reveal your identity, please check the following box: ☐

READ CAREFULLY BEFORE SIGNING:

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ DATE: _____

HIGH SCHOOL OR HIGH SCHOOL EQUIVALENCYDid you graduate from High School? ☐ Yes ☐ No

If Yes, Name and Location of High School _____

Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No**POST-HIGH SCHOOL EDUCATION**

Please list your education and/or training beyond high school, such as college or university, technical college, or military training.

Name of School	Location	From (Mo/Yr)	To (Mo/Yr)	FT or PT	# of Credits Earned	Major Field of Study	Type of Degree/Date Completed
		/	/				
		/	/				
		/	/				

CONTINUING EDUCATION

Please describe any other training or professional seminars in which you participated that relate to this position.

Name of Seminar or Workshop	Sponsoring Organization	Location	Dates Attended

PROFESSIONAL CERTIFICATIONSDo you currently hold any professional designations or certifications related to this position? ☐ Yes ☐ No

If yes, list certifications, sponsoring organizations, states, and dates in which they were obtained:

Name of Certification	Sponsoring Organization	State	Dates

ORGANIZATIONAL MEMBERSHIPS

Are you currently, or have you been in the past, a member of any professional organizations relating to this position?
If yes, list below:

Name of Organization	Dates of Membership	Offices Held

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. Treat each change of job title with the same employer as a new entry. In addition, list any other paid or unpaid work experience that may qualify you for a position. Attach additional pages if necessary.

A. Current Position:

1. Title _____ Salary/Wage _____ per _____

2. From _____ To _____ Total No. of Months _____ Hours/week _____

3. Employer: _____

4. Address _____

5. City _____ State _____ Zip Code _____

6. Supervisor's Name and Title _____

7. Reason for leaving _____

8. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

_____ % _____

_____ % _____

_____ % _____

_____ % _____

_____ % _____

B. Previous Position:

1. Title _____ Salary/Wage _____ per _____
2. From _____ To _____ Total No. of Months _____ Hours/week _____
3. Employer: _____
4. Address _____
5. City _____ State _____ Zip Code _____
6. Supervisor's Name and Title _____
7. Reason for leaving _____
8. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

_____ %

_____ %

_____ %

_____ %

_____ %

C. Previous Position:

- 1. Title _____ Salary/Wage _____ per _____
- 2. From _____ To _____ Total No. of Months _____ Hours/week _____
- 3. Employer: _____
- 4. Address _____
- 5. City _____ State _____ Zip Code _____
- 6. Supervisor's Name and Title _____
- 7. Reason for leaving _____

8. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

%

%

%

%

%

D. Previous Employer:

- 1. Title _____ Salary/Wage _____ per _____
- 2. From _____ To _____ Total No. of Months _____ Hours/week _____
- 3. Employer: _____
- 4. Address _____
- 5. City _____ State _____ Zip Code _____
- 6. Supervisor's Name and Title _____
- 7. Reason for leaving _____

8. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

%

%

%

%

%

8. Working with a multicultural and multi-level staff, other City departments, vendors, and the public:

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

_____ A signer

_____ A reader

_____ Extra time

_____ Other (Please describe) _____

Comments: _____

SIGNATURE: _____

DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

SIGNATURE _____ DATE _____